

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA**

BARBARA LIOUDIS

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

HIGH CORPORATE SERVICES, LLC d/b/a /HAMPTON INN

MANTUA MANUFACTURING CO

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff	Name	BARBARA LIOUDIS
	Street Address	135 Vin Gate Drive
	County, City	Monroe County, Rochester
	State & Zip Code	New York 14616
	Telephone Number	585-621-8269

16 1708

COMPLAINT

Jury Trial: ☒ Yes ☐ No

(check one)

FILED

APR 11 2016

MICHAEL E. KUNZ, Clerk
By JV Dep Clerk

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name HIGH CORPORATE SERVICES, LLC, d/b/a /HAMPTON INN
 Street Address 1853 William Penn Way
 County, City Lancaster, Lancaster
 State & Zip Code PA 17605.

Defendant No. 2 Name MANTUA MANUFACTURING CO.
 Street Address 7900 Northfield Rd
 County, City Cuyahoga, Cleveland
 State & Zip Code Ohio 44146

Defendant No. 3 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____

Defendant No. 4 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

- A. What is the basis for federal court jurisdiction? (*check all that apply*)

Q Federal Questions ☒ Diversity of Citizenship

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? _____

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship New York

Defendant(s) state(s) of citizenship Pennsylvania

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? Hampton Inn hotel located at 545 Greenfield Road, Lancaster, Pennsylvania 17601

B. What date and approximate time did the events giving rise to your claim(s) occur? April 16, 2014,

What happened to you?

C. Facts: A piece of metal sticking out from a bed frame in my hotel room at the Hampton Inn hotel caught my leg and cut me causing me severe injury. Also, please see the attached sworn affidavit of Barbara Lioudis which is made a part hereof and incorporated herein by reference.

Who did what?

High Corporate Services, LLC d/b/a /Hampton Inn, the owner of the hotel allowed the hotel room to exist in a dangerous and unsafe condition with the metal sticking out from the bed frame. Also please see the attached sworn affidavit of Barbara Lioudis which is made a part hereof and incorporated herein by reference. Mantua Manufacturing Co. made the bed frame with a bad, unsafe and dangerous design whereby a piece of metal was sticking out from under the bedframe putting users at risk of being injured by the protruding piece of metal.

Was anyone else involved?

Mantua Manufacturing Co., as stated above is involved as the manufacturer of the bed frame.. Also, please see the attached sworn affidavit of Barbara Lioudis which is made a part hereof and incorporated herein by reference.

Who else saw what happened?

Betty Rienholtz was present in the hotel room when the incident happened. I also showed hotel management my injuries and the bed frame. A group of people I was with also saw my injuries after the incident. Also, please see the attached sworn affidavit of Barbara Lioudis which is made a part hereof and incorporated herein by reference.

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I was severely cut on my leg. Please see the attached sworn statement of Barbara Lioudis which is made a part hereof and incorporated herein by reference.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I am seeking monetary compensation for my emotional pain and suffering, medical bills, etc. in the amount of \$200,000 and/or in an amount to be determined by a jury in this case.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 8th day of April, 2016.

Signature of Plaintiff



Mailing Address

135 Vin Gate Drive

Rochester, NY 14616

Telephone Number

585-621-8269

Fax Number (if you have one)

E-mail Address

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: _____

Inmate Number _____

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

BARBARA LIOUDIS,

Plaintiff,

v.

HIGH CORPORATE SERVICES, LLC, d/b/a /HAMPTON INN;
MANTUA MANUFACTURING CO.,

Defendants.

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SWORN AFFIDAVIT OF
BARBARA LIOUDIS

State of New York) ss:
County of Monroe)

Barbara Lioudis being duly sworn deposes and says:


1. On April 16, 2014, I, Ms. Barbara Lioudis was injured while staying at the Hampton Inn located in Lancaster, Pennsylvania.
2. This occurred as a result of a metal bar that was sticking out from the frame of the bed in my hotel room.
3. This bar was hidden by the bed's dust ruffle and caught my leg as I walked by, causing a severe laceration.
4. I experienced severe pain, bleeding and swelling to my right leg.
5. The leg laceration measured at least 12 centimeters long and I was required to receive at least 30 sutures to close the wound, as well as a tetanus shot and was prescribed antibiotics.
6. Despite this, the skin lateral to the laceration later develop ecchymosis, was blistered and demonstrated signs of tissue necrosis.
7. Even after the removal of the sutures, I continued to deal with complications such as painful blistering and bleeding and I was required to wear an unna boot for a number of months.

8. My symptoms and treatments continued for several months, during which time my leg injury hindered my ability to walk and accomplish a host of everyday chores and activities.
9. The acts or omissions of Defendant High Corporate Services LLC/Hampton Inn ("Hampton Inn") which constituted negligence, carelessness and recklessness in this actions are as follows:
 10. Defendant Hampton Inn suffered, caused and permitted the premises which includes the rooms and items provided to guests and me to become and remain in a dangerous and defective condition; failed to make regular inspections of the premises and failed to maintain the same in a safe condition; failed to take means or precautions to ensure safe passage upon the premises.
 11. With prior and/or actual and/or constructive notice and knowledge of the use of the premises being made by members of the general public, guest and particularly the me, the defendant Hampton Inn did fail to take proper and adequate measures to prevent, correct and/or eliminate the hazardous and dangerous conditions on the premises.
 12. With notice and knowledge as aforesaid, the defendant Hampton Inn failed to take adequate and proper measures to protect the rights and safety of me or to warn me.
 13. Defendant Hampton Inn negligently, carelessly and recklessly operated, supervised, controlled and managed the premises at issue.
 14. Defendant Hampton Inn negligently carelessly and recklessly caused and allowed a dangerous condition to exist.
 15. Defendant Hampton Inn failed to instruct its agent's servants or employees in the care and maintenance of the premises.

Defendant Hampton Inn failed to remove or remedy the defective and dangerous conditions within a reasonable period of time.
16. I suffered the injuries complained of herein solely as a result of defendants' actions and bears no fault in same.
17. Upon information and belief, defendant Mantua Manufacturing Co. designed, tested, manufactured, sold and promoted the bed frame that injured me on or about April 16, 2014.
18. Defendant Mantua Manufacturing Co was careless in the design, testing, inspection, manufacture, distribution, labeling, sale and promotion of the bed frame.

19. As a result of defendant's conduct, I was seriously injured and has sustained pain, suffering and serious injury, including but limited to laceration, ecchymosis and tissue necrosis.
20. The bed frame was defective in that it entailed a protruding piece of sharp metal which ultimately lacerated me.
21. Defendant Mantua failed to warn me of the defective and dangerous condition of the bed frame.
22. As a result defendant Mantua Manufacturing Co. has breached implied warranties and is strictly liable to me for the injuries suffered.

Dated: April 8, 2016


Barbara Lioudis

Sworn to before me this 8th day of April 2016



MICHAEL COBBS
Notary Public, State of New York
#6004548 Wayne County
Commission Expires March 23, 2018

CIVIL COVER SHEET

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The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

BARBARA LIOUDIS

(b) County of Residence of First Listed Plaintiff Monroe County, New York
(EXCEPT IN U.S. PLAINTIFF CASES)(c) Attorneys (Firm Name, Address, and Telephone Number)
BARBARA LIOUDIS, Pro Se
135 Vin Gate Drive, Rochester, NY 14616
585-621-8269

DEFENDANTS

HIGH CORPORATE SERVICES, LLC, d/b/a /HAMPTON INN;
MANTUA MANUFACTURING CO.County of Residence of First Listed Defendant Lancaster County, PA
(IN U.S. PLAINTIFF CASES ONLY)NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF
THE TRACT OF LAND INVOLVED.Attorneys (If Known)
unknown

A/R

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☐ 2 U.S. Government Defendant
- ☐ 3 Federal Question
(U.S. Government Not a Party)
- ☒ 4 Diversity
(Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- Citizen of This State ☐ 1 ☒ 2
- Citizen of Another State ☒ 2 ☐ 3
- Citizen or Subject of a Foreign Country ☐ 3 ☐ 4
- Incorporated or Principal Place of Business In This State ☐ 4 ☒ 5
- Incorporated and Principal Place of Business In Another State ☐ 5 ☐ 6
- Foreign Nation ☐ 6 ☐ 7

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input checked="" type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
- ☐ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from Another District (specify)
- ☐ 6 Multidistrict Litigation

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Brief description of cause:

Personal injury claim on account of injuries suffered when my leg was cut by a piece of metal at Hampton Inn

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.DEMAND \$
1,000,000.00CHECK YES only if demanded in complaint:
JURY DEMAND: ☒ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

4/8/16

SIGNATURE OF ATTORNEY OF RECORD

Barbara Lioudis

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE

APR 11 2016

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FOR THE EASTERN DISTRICT OF PENNSYLVANIA — DESIGNATION FORM to be used by counsel to indicate the category of the case for the purpose of assignment to appropriate calendar.

Address of Plaintiff: 135 Vin Gate Drive, Rochester, NY 14616

Address of Defendant: 1853 William Penn Way, Lancaster PA 17605

Place of Accident, Incident or Transaction: Hampton Inn, 545 Greenfield Rd., Lancaster, Pennsylvania 17601

(Use Reverse Side For Additional Space)

Does this civil action involve a nongovernmental corporate party with any parent corporation and any publicly held corporation owning 10% or more of its stock?

(Attach two copies of the Disclosure Statement Form in accordance with Fed.R.Civ.P. 7.1(a))

Yes ☐

No ☒

Does this case involve multidistrict litigation possibilities?

Yes ☐

No ☒

RELATED CASE, IF ANY:

Case Number: Judge

Date Terminated:

Civil cases are deemed related when yes is answered to any of the following questions:

1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court?
Yes ☐ No ☒
2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court?
Yes ☐ No ☒
3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action in this court?
Yes ☐ No ☒
4. Is this case a second or successive habeas corpus, social security appeal, or pro se civil rights case filed by the same individual?
Yes ☐ No ☒

CIVIL: (Place ☒ in ONE CATEGORY ONLY)

A. Federal Question Cases:

1. ☐ Indemnity Contract, Marine Contract, and All Other Contracts
2. ☐ FELA
3. ☐ Jones Act-Personal Injury
4. ☐ Antitrust
5. ☐ Patent
6. ☐ Labor-Management Relations
7. ☐ Civil Rights
8. ☐ Habeas Corpus
9. ☐ Securities Act(s) Cases
10. ☐ Social Security Review Cases
11. ☐ All other Federal Question Cases
(Please specify) _____

B. Diversity Jurisdiction Cases:

1. ☐ Insurance Contract and Other Contracts
2. ☐ Airplane Personal Injury
3. ☐ Assault, Defamation
4. ☐ Marine Personal Injury
5. ☐ Motor Vehicle Personal Injury
6. ☐ Other Personal Injury (Please specify) _____
7. ☒ Products Liability
8. ☐ Products Liability — Asbestos
9. ☒ All other Diversity Cases
(Please specify) Premises liability personal injury claim

ARBITRATION CERTIFICATION

(Check Appropriate Category)

I, Barbara Lioudis, do hereby certify:

- ☐ Pursuant to Local Civil Rule 53.2, Section 3(c)(2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs;
- ☐ Relief other than monetary damages is sought.

DATE: 4/8/16

Barbara Lioudis

XXXXXXXXXX

XXXXXXXXXX

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.

I certify that, to my knowledge, the within case is not related to any case now pending or within one year previously terminated action in this court except as noted above.

DATE: _____

Barbara Lioudis

XXXXXXXXXX

APR 11 2016

XXXXXXXXXX

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

CASE MANAGEMENT TRACK DESIGNATION FORM

JFL
Barbara Lioudis,

Plaintiff

v.

CIVIL ACTION

HIGH CORPORATE SERVICES, LILAC, d/b/a /HAMPTON INN;
Defendants

NO. **16** **1708**

In accordance with the Civil Justice Expense and Delay Reduction Plan of this court, counsel for plaintiff shall complete a Case Management Track Designation Form in all civil cases at the time of filing the complaint and serve a copy on all defendants. (See § 1:03 of the plan set forth on the reverse side of this form.) In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a Case Management Track Designation Form specifying the track to which that defendant believes the case should be assigned.

SELECT ONE OF THE FOLLOWING CASE MANAGEMENT TRACKS:

- (a) Habeas Corpus – Cases brought under 28 U.S.C. § 2241 through § 2255. ()
- (b) Social Security – Cases requesting review of a decision of the Secretary of Health and Human Services denying plaintiff Social Security Benefits. ()
- (c) Arbitration – Cases required to be designated for arbitration under Local Civil Rule 53.2. ()
- (d) Asbestos – Cases involving claims for personal injury or property damage from exposure to asbestos. ()
- (e) Special Management – Cases that do not fall into tracks (a) through (d) that are commonly referred to as complex and that need special or intense management by the court. (See reverse side of this form for a detailed explanation of special management cases.) ()
- (f) Standard Management – Cases that do not fall into any one of the other tracks. (X)

Barbara Lioudis

Barbara Lioudis

4/8/16

Date

~~Attorney at law~~

~~Attorney for~~

585-621-8269

Telephone

FAX Number

E-Mail Address

APR 11 2016